

CERTIFICATION OF COMPENSATION AND EXPENSES OF APPOINTED DEFENSE COUNSEL

This form should be used by appointed defense counsel other than public defenders, in counties other than Cook, seeking compensation and/or expenses from the Capital Litigation Trust Fund.

Detens	e Counsel:		
Case N			
Case N	[umber:		
Judge:			. <u></u>
Court:			
he compensation of trial atto	n Act (725 ILCS 124) provides a rneys other than public defende vith capital crimes." The act furt mses."	rs, who have been appointed	d by the court to represent
	bove hereby seeks the certificat payment from the Capital Litig tement to this form):	<u> -</u>	_ ·
Date	Acti	vity	Duration
	Rate of compensation per ho	Total Hours: ur (\$145.39 maximum) \$ Compensation Sought: \$	
Description of Expense		Amount	
			\$ \$
	Total Commonant	Total Expenses:	\$
Defense counsel requests that	payment be made as indicated	ion and Expenses Sought:	Φ
Payee:		below.	
Address:			
easonable, necessary and app the defendant in this case is i	listed herein, including all supporopriate for payment from the Condigent and that the State's Attentions the control of the record in open control.	Capital Litigation Trust Func torney had not filed a certifi	d. I also hereby certify that cate indicating he or she will
Trial Judge			Date
Pre	siding Judge		Date